REMARKS

Reconsideration of this application is respectfully requested. Applicants' attorney acknowledges with appreciation Examiner Clow's thorough review of this application and her review and suggestions of the proposed amendment submitted last week. Following the telephone interview granted by Examiner Clow on May 31, 2006, the following additional changes were made to the claims:

Claim 1, (page 3), lines 4 and 5, delete "of said blood products".

Claim 1, (page 3), line 18, before "patient", insert -- transferred --; lines 18 and 19, cancel "in said database".

Claim 3, (page 4), line 3, before "patient", insert -- transferred --.

The Examiner requested further clarification of the term "patient bar" in claim 5. Referring to Figures 8 and 20, the patient bar is comprised of a series of buttons and display screen to display a patient's Special Needs, Comments, Blood Type, etc.

Claim Objections

The objections to claims 24 and 30 have been cleared up in accordance with the Examiner's suggested changes. Claim 24 has been amended to read "the presence of said directed blood

donations"; and claim 30 has been amended to correctly recite "antibodies present".

Claim Rejections - 35 U.S.C. §112

The Examiner has numbered each step of claim 1 and the following refers to the steps in the order referred to by the Examiner:

Referring to step 2, "segment" is defined on page 4 of the spec as "a portion of the blood component that can be detached and subsequently used for testing". "Blood component" is defined on page 3 as "also referred to as 'blood product', is one of the portions of a unit of whole blood. Whole blood contains red blood cells, plasma, platelets and cryoprecipitated antihemophilic factor ("AHF")." In connection with blood testing, a segment is understood by the lab technician to mean a sample or physical portion of blood that is in the tubing that is integrally attached to the unit or component.

In regard to Step 3, Step 3 has been amended to read said one of said blood products in order to clarify Step 4.

In regard to Step 5, Step 5 has been amended to further clarify "patient specimen".

In regard to Step 6, Step 6 has been amended to "said transferred blood specimen".

In regard to Step 7, Step 7 there is now reference to a database in the preamble.

In regard to Step 8, Step 8 has been amended to clarify the transferred blood specimen and detached segment.

In regard to Step 9, Step 9 has been amended to reflect the Examiner's concerns.

The following addresses those rejections of the remaining claims in the order referred to by the Examiner:

In regard to claim 3, the claim has been amended to clarify "each of said blood products".

In regard to claim 4, claim 2 has been amended to add "patient identification information" providing antecedent basis.

In regard to claim 5, claim 2 has been amended to further clarify what is intended in claim 5.

In regard to claim 6, the claim has been amended to address the Examiner's concerns.

In regard to claim 10, claim 10 has been amended to further clarify what is intended.

In regard to claim 11, claim 11 has been amended to

delete "after entering said information in said database".

In regard to claim 16, the claim does not require antecedent basis for "recording prior transfusion reaction history". The Examiner is requiring a transfusion reaction step in claim 10 but the step only requires recording history or information.

In regard to claims 20 and 26, claim 20 has been amended to more clearly reflect the comparison of the antigens and antibodies.

In regard to claim 22, claim 22 has been amended.

In regard to claim 29, the indefiniteness has been addressed previously.

In regard to claim 30, claim 30 has been amended to clarify what is intended by the limitation.

Claim Rejections - 35 U.S.C. §102

Broadheim Rejection

Claims 1 through 8, 10 through 26, 28 through 31 stand rejected under 35 U.S.C. §102(b) as anticipated by Broadheim. At best, Broadheim is no more than an incidental disclosure of automated blood banking which requires multiple databases, such as,

one for Donor and Donor Group Database, Donation Database and several others as noted. However, Broadheim does not disclose a single database as recited in claim 1. The Examiner contends that in Broadheim blood products may be requested for transfer to remote facilities but page 120 of Broadheim makes no reference to transferring blood products to a plurality of remote facilities as recited. Although Broadheim may broadly suggest maintaining an inventory of blood products, there is no disclosure or suggestion of selecting one of said blood products which has an available segment at the central blood testing facility, detaching the segment from the blood product at the central blood testing facility, and transferring that blood product from the central blood testing facility to one of the remote patient facilities at which the patient is located.

Broadheim does make reference on page 113 to compatibility testing which is standard operating procedure in a blood bank and further refers to the identification of an antibody using a reagent red cell panel and the resulting pattern of reactivity but does not suggest or disclose comparing these reactions or antibodies to a blood product or of performing remote cross-matches as positively recited in claim 1. Accordingly, apart from the fact that Broadheim requires multiple databases, there is lacking any disclosure of a combination of remote serological cross-matching to determine compatibility, entering those results in a database, then verifying the results by comparing the antigens and antibodies in the blood product and transferred blood specimen tested.

Further there is lacking in Broadheim any mention whatsoever of the ability to detach a segment and perform a cross-match on a segment from a blood product which had been previously transported to a remote facility in a hospital where the patient is located; nor is there any mention of the ability to track the location and movement of blood products, segments and blood specimens as recited in the concluding steps of claim 1. This applies with equal force to the Examiner's rejection of claims 2, 7, 21, 22 based on Broadheim. It is true that Broadheim contracts the order for a patient including the number and type of products requested but fails to disclose or suggest a way of detaching a segment and performing a cross-match on a segment which had been previously transported or transferred to a remote facility in a hospital where the patient is located.

Independent claim 10 recites remote serological cross-matching of a segment of a blood product with a patient's blood specimen to determine compatibility with one another. Broadheim never discusses or suggests performing remote cross-matching at a central facility as positively recited in claim 10. There is lacking any disclosure of a combination of a remote serological cross-matching, entering the results in a database and tracking the location and movement of blood products, segments and patient specimens between hospitals and the central facility. As stated previously, Broadheim fails to disclose or suggest a method of obtaining a blood specimen from a patient, cross-matching the blood specimen with a segment of a blood product at a central facility, entering the information for identification purposes and tracking

the location and movement of blood products.

Independent claim 20 teaches a system for managing blood products and tracking their movement through a centralized or single database. Broadheim does not disclose or suggest a single database but instead references multiple databases. There is lacking any suggestion in Broadheim to combine the multiple databases into a single database. Page 129 of Broadheim refers to accessing data at remote locations for the purpose of accessing a centralized donor referral database which accesses information about unexpected antibodies and donors. There is no mention or suggestion of performing remote cross-matches and recording all information on a central database.

Independent claim 29 teaches a blood management system for managing information relating to blood products between a central blood test facility and one or more remote patient facilities having managing means for recording information involving a single database. As argued previously, Broadheim does not disclose or suggest a single, centralized database.

Safwenberg et al. Rejection

Claims 1 through 6, 8 through 16, 18 through 22, 25, 26 and 28 through 31 are rejected under 35 U.S.C. §102(b) as anticipated by Safwenberg et al. Safwenberg discloses electronic cross-matching. Safwenberg does not disclose a single database as recited in claims, 1, 10, 20 and 29. While cross-matching and

inventory management is discussed in Safwenberg, which is a standard part of most blood bank systems, Safwenberg does not disclose or teach cross-matching a segment detached from a blood product at the central blood testing facility and transferring that same blood product to a remote patient facility.

As shown in Figure 1 of Safwenberg, the ABCD test may only be used when you have preexisting files of the patient serological information, serological information about the blood components and a debiting and statistics file. Patients with antibodies and red cell antigens cannot use the ABCD test.

With respect to claim 20, Safwenberg does not teach or suggest recording in the database results of comparing antigens and antibodies of patient specimen and the blood product. Further, Safwenberg does not have means for recording on said database results of serological cross-matching of each patient specimen and the blood product. Finally, Safwenberg does not track the location and movement of the blood products and patient specimens.

Independent claim 29 includes "means for remote serological cross-matching each segment and patient specimen to determine their compatibility with one another". This is not taught in Safwenberg nor does Safwenberg teach means for assigning a segment, blood product and patient specimen to a location in one of the blood test facilities and remote patient facilities.

It is therefore urged that the claims as now presented

for consideration are in allowable condition and action to that end is courteously solicited. If any issues remain to be resolved, it is requested that the Examiner contact attorney for applicant at the telephone number listed below.

Respectfully submitted,

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CERTIFICATE UNDER 37 C.F.R. 1.8

I hereby certify that the foregoing Amendment is being forwarded by facsimile to MAIL STOP: AMENDMENT, Commissioner of Patents and Trademarks, Washington, D.C. 20231, this 12th day of June, 2006.